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**\*BIBDATASHEET\***

CONFIRMATION NO. 7236

Bib Data Sheet

SERIAL NUMBER 10/840,132	FILING DATE 05/06/2004  RULE	CLASS 173	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. CP-5165
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *Checked*  
 This application is a CIP of 10/213,702 08/06/2002 PAT 6,823,949 \*  
 (\*)Data provided by applicant is not consistent with PTO records.  
*NC*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*  
*NC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 07/09/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>NC</i>	Verified and Acknowledged	Examiner's Signature <i>NC</i>	Initials <i>NC</i>	

ADDRESS

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TITLE

Control device for a power impact tool

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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